PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number							
	PATENT	RD	10752645												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
T	OTAL CLAIMS	3	14				RATE FEE			EE	7	RATE	FEE		
FOR			NUMBER FILED		NUMI	BER EXTRA;		BASIC F	EE 38	5.00	OR	BASIC FEE	770.00		
TO	TAL CHARGE	/minus 20=		•		l	X\$ 9=	.		OR	X\$18=				
INDEPENDENT CLAIMS			<u></u>		* ,	2	ı	X43=			ОЯ	X86=			
ML	JLTIPLE DEPE	NDENT CLAIM P	<i>y</i>				ı	+145=		_	OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		er.	OH OH	TOTAL			
CLAIMS AS AMENDED - PART II										<u> </u>	10	OTHER	THAN		
(Column 1) (Column 2)					nn 2)	(Column 3)		SMAL	L ENT	TY	ŌВ	SMALL			
AMENDMENT A	3/7/66	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE		
	Total	. 14	Minus	- 2	<u>o</u>	=		X\$ 9=			OR	X\$18=			
	Independent	· 3	Minus ***		5	=		X43=	-		OR	X86=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ſ	+145=	-	-	OR	+290=			
								TOTA			OR	TOTAL ADDIT, FEE			
	(Column 1) (Column 2) (Column 3)								ADDIT. FEE ADDIT. FEE						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER	PRESENT EXTRA		RATE	AD TIO	VAL		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=			
	Independent			***		=		·X43=	1		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	 		OR	+290=			
								TOTAL			OB L	TOTAL			
(Column 1) (Column 2) (Column 3)										لبب	J., p	ADDIT. FEE			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA	Γ	RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	r	X\$ 9=			OR	X\$18=			
	Independent	*	Minus	***		=	\vdash	X43=	\vdash	\neg		X86=			
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A70=	╂		OR	A00=			
+											OR	+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **TOTAL ADDIT. FEE															
1	he "Highest Num	ber Previously Paid	For (Total or	Independen	iess that it) is the	highest number	found	f in the ap	propriat	e box	in colu	mn 1,	l		